Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

FONDREN ORTHOPEDIC GP LLP
7401 SOUTH MAIN STREET
HOUSTON TEXAS 77030

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name
LM INSURANCE CORP

Carrier's Austin Representative
Box Number 01

MFDR Tracking Number
M4-13-1254-01

MFDR Date Received
January 22, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Claim was processed and underpaid. The Texas work comp fee schedule for this code is $1526.30, as the employer is a subscriber we expect to be reimbursed as such. We are respectfully requesting you to reprocess and pay the additional amount due $20.70."

Amount in Dispute: $20.70

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "We have again reviewed our processing and determination for payment of services of 10/2/2012 for claimant, [injured employee]. Manual calculation of the fee schedule amount for code 28730 resulted in a total reimbursement of $1505.92. We do not find that an additional $20.70 is due. Payment is being processed for an additional .32. this does not result in any additional interest amount due."

Response Submitted by: Liberty Mutual Insurance

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 2, 2012	28730	$20.70	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets out the fee guideline reimbursement for professional medical services.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits
   - Z710 – The charge for this procedure exceeds the fee schedule allowance
   - B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment
   - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed

Issues

1. Did the insurance reimburse the requestor per 28 Texas Administrative Code §134.203?
2. Is the requestor entitled to additional reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.203 "(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is $52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is $66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of $50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the $51.90 (with the exception of surgery) Division conversion factor in 2007."
   - The requestor seeks additional reimbursement for professional services rendered in a facility setting; CPT code 28730 for date of service October 2, 2012.
   - The Medicare fee guideline reimbursement for CPT code 28730 is $744.00, the Medicare conversion factor is $34.0376; the division surgery conversion factor of $68.88 applies; the division's reimbursement amount is $1,505.59. the insurance carrier issued payment in the amount of $1,505.92; therefore no additional payment is due.
2. Review of the submitted documentation finds that the requestor is not entitled to additional reimbursement

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

		July 31, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.